



All legacy gifts qualify for recognition in The Legacy Circle which was established to recognize and thank friends who have included St Peters Health Partners in their estate plans or made another type of legacy gift. Statements of support are used to help project future financial commitment and gift expectancies.

Member Profile

Name: _____ Birthdate: _____

Spouse Name: _____ Birthdate: _____

Address: _____ Telephone: _____

City, State/Zip: _____ Email: _____

I/We have made the following commitment to St Peter's Health Partners Center for Philanthropy:

- Bequest - will provision or living trust provision
Cash Gift
Securities
Personal Property
Charitable Gift Annuity
Charitable Lead Trust
Charitable Remainder Trust
Life Insurance
Retirement Plan Beneficiary
Real Estate
Other:

beneficiary contingent beneficiary a specified amount a specified percentage residual amount

My/Our gift is: unrestricted intended for the following purpose:

The estimated value of my/our gift is approximately: _____ as of _____ (date). I understand that this is an estimate only, and that any gift ultimately distributed may be more or less than this amount. I/We recognize this is not a legally binding document.

You may include my/our name(s) in The Legacy Circle. (Neither the type of gift nor the amount will be listed.)

I/We prefer that my gift intention remain anonymous.

Signature

Date

Signature

Date